

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Blood Banks
Managed Care Organizations

Memorandum No: 07-28
Issued: June 26, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 (option 2) or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supersedes # Memo 06-38

Subject: Blood Bank Services: Fee Schedule Updates

Effective for dates of service on and after July 1, 2007, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2007 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule;
- The updated Healthcare Common Procedural Coding System (HCPCS) Level II codes; and
- New required fields on the 1500 Claim Form for all blood bank claims.

Maximum Allowable Fees

HRSA is updating the Blood Bank Services fee schedule with Year 2007 RVUs and the updated clinical laboratory fees. The 2007 Washington State Legislature did not appropriate a vendor rate increase for the 2008 state fiscal year.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007.

HCPCS Drug Code Update

HCPCS code J7188 has been deleted and replaced with J7187.

New Required Fields on the 1500 Claim Form

Effective July 1, 2007, all claims submitted to HRSA must include Name of Referring Physician or Other Source, and ID Number of Referring Physician.

Retroactive to May 23, 2007, all claims submitted to HRSA must include National Provider Identifier (NPI).

Field No.	Name	Field Required	Entry
17.	Name of Referring Physician or Other Source	Yes	When applicable, enter the referring physician or Primary Care Case Manager (PCCM) name.
17a.	ID Number of Referring Physician	Yes	When applicable: 1) Enter the 7-digit HRSA-assigned physician number. Refer to the Provider Number Reference website: https://fortress.wa.gov/dshs/pnrmaa/Login.aspx?ReturnUrl=%2fDefault.aspx ; 2) If the referring provider does not have an HRSA assigned ID number, enter 8900946. Use this standard number only for referring providers who do not have an HRSA assigned ID number; or 3) When the PCCM referred the service, enter his/her 7-digit identification number here. If the client is enrolled in a PCCM plan and the PCCM referral number is not in this field when you bill HRSA, the claim will be denied.
17b.	National Provider Identifier (NPI)	Yes	The NPI is a 10-digit, intelligence-free numeric identifier. The NPI will replace health care provider identifiers in use today in HIPAA standard transactions.

Billing Instructions Replacement Pages

Attached are updated replacement pages B.1 – B.10 for HRSA's current *Blood Bank Services Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

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Coverage

What is covered? [WAC 388-87-045]

- HRSA will pay for whole blood or blood derivatives only when they are **not available** to the patient from other sources.

Limitations:

- ✓ For clients who are covered by Medicare and Medicaid, HRSA will pay up to the first three pints of blood or plasma in any spell of illness.
 - ✓ HRSA will not pay for blood or blood derivatives that are donated.
- HRSA will pay for the service charges necessary in handling and processing blood, plasma, or blood derivatives.

Limitations:

- ✓ If the patient is hospitalized, all charges must be included in the hospital's charges.
 - ✓ After-hours charges, "stat" charges, and weekend charges are not reimbursable.
- Administration of blood or blood derivatives on an outpatient basis in a hospital may be added to the total payment for outpatient service.

Blood Bank Services Coverage Table

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
Radiology and Laboratory Services					
36415			Drawing blood		
36416			Capillary blood draw		
36430			Blood transfusion service		
36450			Exchange transfusion service		
36511			Apheresis wbc		
36512			Apheresis rbc		
36516			Apheresis, selective		
36522			Photopheresis		
36550			Declot vascular device		
38205			Harvest allogenic stem cells		
38206			Harvest auto stem cells		
38207			Cryopreserve stem cells		
38208			Thaw preserved stem cells		
38209			Wash harvest stem cells		
38210			T-cell depletion of harvest		
38211			Tumor cell deplete of harvest		
38212			Rbc depletion of harvest		
38213			Platelet deplete of harvest		
38214			Volume deplete of harvest		
38215			Harvest stem cell concentrate		
78120			Red cell mass, single		
78120		26	Red cell mass, single		
78120		TC	Red cell mass, single		
78121			Red cell mass, multiple		
78121		26	Red cell mass, multiple		
78121		TC	Red cell mass, multiple		
82143			Amniotic fluid scan		
82247			Bilirubin, total		
82248			Bilirubin, direct		
82668			Assay of erythropoietin		
82784			Assay of gammaglobulin igm		
82803			Blood gases: pH, pO ₂ & pCO ₂		

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Coverage

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
83020			Hemoglobin eletrophoresis		
83020		26	Hemoglobin electrophoresis		
83030			Fetal hemoglobin, chemical		
83890			Molecule isolate		
83892			Molecular diagnostics		
83894			Molecular gel electrophoresis		
83896			Molecular diagnostics		
83898			Molecular nucleic amplification		
83912			Genetic examination		
83912		26	Genetic examinations		
84460			Alanine amino (ALT) (SGPT)		
85002			Bleeding time test		
85013			Hematocrit		
85014			Hematocrit		
85018			Hemoglobin		
85032			Manual cell count, each		
85049			Automated platelet count		
85130			Chromogenic substrate assay		
85210			Blood clot factor II test		
85220			Blood clot factor V test		
85230			Blood clot factor VII test		
85240			Blood clot factor VIII test		
85245			Blood clot factor VIII test		
85246			Blood clot factor VIII test		
85247			Blood clot factor VII test		
85250			Blood clot factor IX test		
85260			Blood clot factor X test		
85270			Blood clot factor XI test		
85280			Blood clot factor XII test		
85290			Blood clot factor XIII test		
85291			Blood clot factor XII test		
85292			Blood clot factor assay		
85293			Blood clot factor assay		
85300			Antithrombin III test		
85301			Antithrombin III test		
85302			Blood clot inhibitor antigen		
85303			Blood clot inhibitor test, protein C		
85305			Blood clot inhibitor assay, protein S		

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Coverage

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
85306			Blood clot inhibitor test, protein S		
85307			Assay activated protein c		
85335			Iron stain, blood cells		
85362			Fibrin degradation products		
85366			Fibrinogen test		
85370			Fibrinogen test		
85378			Fibrin degradation		
85384			Fibrinogen		
85385			Fribrinogen		
85410			Fibrinolytic antiplasminogen		
85420			Fibrinolytic plasminogen		
85421			Fibrinolytic plasminogen		
85460			Hemoglobin, fetal		
85461			Hemoglobin, fetal		
85475			Hemolysin		
85520			Heparin assay		
85576			Blood platelet aggregation		
85576		26	Blood platelet aggregation		
85597			Platelet neutralization		
85610			Prothrombin time		
85635			Reptilase test		
85660			RBC sickle cell test		
85670			Thrombin time, plasma		
85705			Thromboplastin inhibition		
85730			Thromboplastin time, partial		
85732			Thromboplastin time, partial		
85999			Unlisted hematology procedure		
86021			WBC antibody identification		
86022			Platelet antibodies		
86023			Immunoglobulin assay		
86078			Physician blood bank service		
86317			Immunoassay, infectious agent		
86329			Immunodiffusion		
86592			Blood serology, qualitative		
86593			Blood serology, quantitative		
86644			CMV antibody		
86645			CMV antibody, IgM		

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Coverage

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
86687			HTLV-I antibody		
86688			HTLV-II antibody		
86689			HTLV/HIV confirmatory test		
86701			HIV-1		
86702			HIV-2		
86703			HIV-1/HIV-2, single assay		
86704			Hep B core antibody, total		
86705			Hep B core antibody, IgM		
86706			Hep B surface antibody		
86793			Yersinia antibody		
86803			Hep C ab test		
86804			Hep C ab test, confirm		
86805			Lymphocytotoxicity assay		
86807			Cytotoxic antibody screening		
86821			Lymphocyte culture, mixed		
86849			Immunology procedure		
86850			RBC antibody screen		
86860			RBC antibody elution		
86870			RBC antibody identification		
86880			Coombs test		
86885			Coombs test		
86886			Coombs test		
86890			Autologous blood process		
86891			Autologous blood, op salvage		
86900			Blood typing, ABO		
86901			Blood typing, Rh (D)		
86903			Blood typing, antigen screen		
86904			Blood typing, patient serum		
86905			Blood typing, RBC antigens		
86906			Blood typing, Rh phenotype		
86920			Compatibility test		
86921			Compatibility test		
86922			Compatibility test		
86923			Compatibility test		
86927			Plasma, fresh frozen		
86930			Frozen blood prep		
86931			Frozen blood thaw		
86932			Frozen blood freeze/thaw		
86940			Hemolysins/agglutinins, auto		

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Coverage

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
86941			Hemolysins/agglutinins		
86945			Blood product/irradiation		
86950			Leukocyte transfusion		
86960			Volume reduction, each unit		
86965			Pooling blood platelets		
86970			RBC pretreatment		
86971			RBC pretreatment		
86972			RBC pretreatment		
86975			RBC pretreatment, serum		
86976			RBC pretreatment, serum		
86977			RBC pretreatment, serum		
86978			RBC pretreatment, serum		
86985			Split blood or products		
86999			Transfusion procedure		
87340			Hepatitis B surface ag, eia		
87390			HIV-1 ag, eia		
87391			HIV-2 ag, eia		
87449			Ag detect nos, eia, mult		
88240			Cell cryopreserve/storage		
88241			Frozen cell preparation		
Immune Globulins and Immunizations					
90281			Human Ig, IM		
90283			Human Ig, IV		
90287			Botulinum antitoxin		
90288			Botulism Ig, IV		
90291			CMV Ig, IV		
90296			Diphtheria antitoxin		
90371			Hep B Ig, IM		
90375			Rabies Ig, IM/SC		
90376			Rabies Ig, heat treated		
90378			RSV Ig, IM, 50mg		
90379			RSV Ig, IV		
90384			Rh Ig, full-dose, IM		
90385			Rh Ig, mini-dose, IM		
90386			Rh Ig, IV		
90389			Tetanus Ig, IM		
90393			Vaccinia Ig, IM		
90396			Varicella-zoster Ig, IM		
90399			Immune globulin		

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
90760			IV infusion, hydration, initial, up to 1 hour		
90761			IV infusion, hydration, ea additional hour, up to 8 hrs		
90765			IV infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour		
90766			IV infusion, for therapy, prophylaxis, or diagnosis, ea additional hour, up to 8 hours		
90767			Additional sequential IV infusion, for therapy, prophylaxis, or diagnosis, up to 1 hour		
90768			Concurrent IV infusion, for therapy, prophylaxis, or diagnosis		
90772			Injection, SC/IM		
90773			Injection, intra-arterial		
90774			Injection, IV, single or initial substance/drug		
99001			Specimen handling		
99090			Computer data analysis		
99195			Phlebotomy		
Processing of Blood Derivatives					
P9010			Blood (whole), each unit		
P9011			Blood (split unit), specify amount		
P9012			Cryoprecipitate, each unit		
P9016			Leukocyte poor blood, each unit		
P9017			Plasma, fresh frozen, each unit		
P9019			Platelet concentrate, each unit		
P9020			Platelet, rich plasma, each unit		
P9021			Red blood cells (RBC), packed cells, each unit		
P9022			Washed RBC, washed platelets, each unit		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
P9023			Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit		
P9031			Platelets, leukocytes reduced, each unit		
P9032			Platelets, irradiated, each unit		
P9033			Platelets, leukocytes reduced, irradiated, each unit		
P9034			Platelets, pheresis, each unit		
P9035			Platelets, pheresis, leukocytes reduced, each unit		
P9036			Platelets, pheresis, irradiated, each unit		
P9037			Platelets, pheresis, leukocytes reduced, irradiated, each unit		
P9038			Red blood cells, irradiated, each unit		
P9039			Red blood cells, deglycerolized, each unit		
P9040			Red blood cells, leukocytes reduced, irradiated, each unit		
P9041			Infusion, albumin (human), 5%, 50 ml		
P9043			Infusion, plasma protein fraction (human), 5%, 50 ml		
P9044			Plasma, cryoprecipitate reduced, each unit		
P9045			Infusion, albumin (human), 5%, 250 ml		
P9046			Infusion, albumin (human), 25%, 20ml		
P9047			Infusion, albumin (human). 25%, 50ml		
P9048			Infusion, plasma protein fraction (human), 5%, 250ml		
P9050			Granulocytes, phereis, each unit		

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
Injectable Drugs and Anti-Hemophilic Factors					
J0850			Injection, cytomegalovirus immune globulin intravenous (human), per vial		
J1460			Injection, gamma globulin, intramuscular, 1 cc		
J1470			Injection, gamma globulin, intramuscular, 2 cc		
J1480			Injection, gamma globulin, intramuscular, 3 cc		
J1490			Injection, gamma globulin, intramuscular, 4 cc		
J1500			Injection, gamma globulin, intramuscular, 5 cc		
J1510			Injection, gamma globulin, intramuscular, 6 cc		
J1520			Injection, gamma globulin, intramuscular, 7 cc		
J1530			Injection, gamma globulin, intramuscular, 8 cc		
J1540			Injection, gamma globulin, intramuscular, 9 cc		
J1550			Injection, gamma globulin, intramuscular, 10 cc		
J1560			Injection, gamma globulin, intramuscular, over 10 cc		
J1565			Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg (Respigam only)		
J1566			Immune globulin, powder		
J1567			Immune globulin, liquid		
J1670			Injection, tetanus immune globulin, human, up to 250 units		
J2597			Inj desmopressin acetate		
J2790			Injection, Rho D immune globulin, human, one dose package		
J2792			Injection, Rho D immune globulin, intravenous, human solvent detergent		

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Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
J7187	U		Injection, Von Willebrand Factor Complex, ristocetin cofactor, per IU		
J7189			Factor VIIA, per mcg		
J7190			Factor VIII		
J7191			Factor VIII (porcine)		
J7192			Factor VIII recombinant		
J7193			Factor IX non-recombinant		
J7194			Factor IX complex		
J7195			Factor IX recombinant		
J7197			Antithrombin III injection		
J7198			Anti-inhibitor		
J3490			Unclassified Drug		Claims billed with unlisted drug code J3490 must include the 11 digit National Drug Code (NDC) and the dosage of the drug given, in the <i>Comments</i> section of the claim form. In addition, billed units must equal one (1) .